




<div style="text-align: center;">  PATENT Substitution for form 1449B/PTO </div> <div style="text-align: center; margin-top: 20px;"> <h2 style="margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="margin-top: 10px;"><i>(use as many sheets as necessary)</i></p> </div>	<div style="text-align: center; margin-bottom: 10px;"> Complete if Known </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Application Number</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td></td> </tr> <tr> <td style="padding: 5px;">First Named Inventor</td> <td></td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td></td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td></td> </tr> <tr> <td style="padding: 5px;">Attorney Docket Number</td> <td></td> </tr> </table>	Application Number		Filing Date		First Named Inventor		Group Art Unit		Examiner Name		Attorney Docket Number	
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Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.